

Return completed form, within three (3) working days, to
TSD/NCB/Security Operations Unit, 1400 Broadway Rm B204, Helena MT 59620 or FAX 444-5924

DPHHS Employee System/File Access DELETE Request

Name of Individual Requiring Deletion of Access: _____

(Please Print)

Logon ID: _____

Phone: _____

Department: _____

Division/Bureau: _____

Address: _____

County: _____

Please delete all access effective:

(Date and time deletion should take effect)

Justification: *(Give a brief description as to why deletion is requested.)*

Signature of Employee: _____

Date: _____

Print Name of Supervisor: _____

Signature of Supervisor: _____

Phone: _____

Date: _____

System Representative: _____

Date: _____

Security Officer: _____

Date: _____